Mo/Yr:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature																															
Pulse Rate																															
Respiration																															
Blood Pressure																															
Blood Sugar																															

00210

Date	Hour	Medication and Dosage	Route	Reason	Results or Response	Hour	Nurse's Signature

Initials	Full Signature	Title
	Robert E. Piotrowski, PA-C FCI McKean	PA-C

Initials	Full Signature	Title
WP	B. Powell	EMT-P
		EMT-P

Initials	Full Signature	Title
LPN		PA-C

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 10/2004

Prescriptions | Time | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Order Date 11/12/04 | MOSHIER, DONALD L | H. BEAM,MD | 10924-052 | (11)Refills
Exp Date 02/09/05 | INJECT IM 180 MCG SC WEEKLY
Rx # 175856 | PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

October 2004

Order Date
Exp. Date
RX #

November 2004

Order Date 11/24/04 | MOSHIER, DONALD L | H. BEAM,MD | 10924-052 | (12)Refills
Exp Date 02/21/05 | INJECT IM 90 MCG SC WEEKLY | ****DOSE DECREASE TO 0.5 CC***
Rx # 176485 | PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

December 2004

Order Date 01/12/05 | MOSHIER, DONALD L | H. BEAM,MD | 10924-052 | (11)Refills
Exp Date 04/11/05 | INJECT IM 135 MCG SC WEEKLY | ****DOSE INCREASE TO 0.75 ML***
Rx # 178395 | PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

January 2005

FCI MCKEAN PHARMACY (814) 362-8900
PO BOX 5000 - BRADFORD, PA 16701
177812 H. BEAM,MD 12/29/04
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - A04-203U
INJECT IM 135 MCG SC WEEKLY
****DOSE INCREASE TO 0.75 ML***

PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1
(2)Refills 12/29/2004 VG RxExp 03/28/05

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

Feb 2005

March 2005

Order Date 02/10/05 | MOSHIER, DONALD L | H. BEAM,MD | 10924-052 | (2)Refills
Exp Date 05/10/05 | INJECT 180 MCG WEEKLY
Rx # 179530 | PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

April

D/C 4/1/2005

Documentation Codes: H - Hold | R - Refused | DC - Discontinued Order | S - Self Administered | NS - No Show | O - Other

DOB: 08/18/1961 HT: 6' 1" WT: 260 Allergies: NKA Diagnosis: NKD

Unit: A04-203U

Pill Line#: Pt. Name: MOSHIER, DONALD L Registration #: 10924-052 Physician: BEAM,MD

MO/YR:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature																															
Pulse Rate																															
Respiration																															
Blood Pressure																															
Blood Sugar																															

000202

Date	Hour	Medication and Dosage	Route	Reason	Results or Response	Hour	Nurse's Signature

Initials	Full Signature	Title
		H SA

Initials	Full Signature	Title
	Robert E. Piotrowski, PA-C FCI McKean	PA-C

Initials	Full Signature	Title
		EMT-P

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 04/2005

Prescriptions	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Order Date 02/10/05 MOSHIER, DONALD L 10924-052 BEAM,MD Exp. Date 05/10/05 **TAKE THREE CAPSULES TWICE DAILY** RX # 179532 RIBAVIRIN 200MG CAP #90	0600 1930																															000203
Order Date Exp. Date RX #																																
Order Date Exp. Date RX #																																
Order Date Exp. Date RX #																																
Order Date Exp. Date RX #																																
Order Date Exp. Date RX #																																

DC 4/20/05

Documentation Codes: **H** - Hold | **R** - Refused | **DC** - Discontinued Order | **S** - Self Administered | **NS** - No Show | **O** - Other

DOB: 08/18/1961 HT: 6' 1" WT: 260 Allergies: NKA Diagnosis: NKD

Unit: A04-203U

Pill Line#: **Pt. Name:** MOSHIER, DONALD L **Registration #:** 10924-052 **Physician:** BEAM,MD

Mo/Yr:	1	2	3	4	5	6	7	8	9	10	11	12																				
Temperature																																
Pulse Rate																																
Respiration																																
Blood Pressure																																
Blood Sugar																																

Date	Hour	Medication and Dosage	Route	Reason	Results or Response	Hour	Nurse's Signature

000204

Initials	Full Signature	Title	Initials	Full Signature	Title	Initials	Full Signature	Title
	Robert E. Piotrowski, PA-C FCI McKean	PAC	BL	B Lautsta	EMT P	EB	Eric Cup	PAC

PAGE: 1

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 02/2005

Prescriptions		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Order Date 01/12/05 Exp. Date 04/11/05 RX # 178396	10924-052 BEAM,MD **TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**** RIBAVIRIN 200MG CAP #180	AM 1930																															
Order Date Exp. Date RX #																																	
Order Date Exp. Date RX #																																	
Order Date Exp. Date RX #																																	
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Order Date Exp. Date RX #																																	

Documentation Codes: **H** - Hold **R** - Refused **DC** - Discontinued Order **S** - Self Administered **NS** - No Show **O** - Other

DOB: A04-203U HT: 6' 1" WT: 260 Allergies: NKDA Diagnosis:

Unit: Pill Line#: Pt. Name: MOSHIER, DONALD L Registration #: 10924-052 Physician: BEAM,MD

000205

Temperature			
Pulse Rate			
Respiration			
Blood Pressure			
Blood Sugar			

Date	Hour	Medication and Dosage	Route	Reason	Results or Response	Hour	Nurse's Signature

000206

Initials	Full Signature	Title
	Robert E. Piotrowski, PA-C FCI McKean	PA-C

Initials	Full Signature	Title
BD	B Landis	EMTP

Initials	Full Signature	Title
(LPN)	Eric Clap	PA-C

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 01/2005

Prescriptions	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Order Date 12/29/04 Exp. Date 03/28/05 RX # 177811 MOSHIER, DONALD L 10924-052 BEAM,MD **TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING** **DOSE INCREASE** RIBAVIRIN 200MG CAP #120	0600																														
	1930																														
Order Date 01/12/05 Exp. Date 04/11/05 RX # 178396 MOSHIER, DONALD L 10924-052 H. BEAM,MD (4)Refills **TAKE THREE CAPSULES TWICE DAILY** **DOSE INCREASE** RIBAVIRIN 200MG CAP #180	AM																														
	PM																														
Order Date Exp. Date RX #																															
Order Date Exp. Date RX #																															
Order Date Exp. Date RX #																															
Order Date Exp. Date RX #																															
Order Date Exp. Date RX #																															

D/C 11/2/05 Dose Increase

Documentation Codes: H - Hold | R - Refused | DC - Discontinued Order | S - Self Administered | NS - No Show | O - Other

DOB: 08/18/1961 HT: 6' 1" WT: 260

Allergies: NKA

Diagnosis: NKD

Unit: A04-203U

Pill Line#: Pt. Name: MOSHIER, DONALD L

Registration #: 10924-052

Physician: BEAM,MD

Mo/Yr:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature																															
Pulse Rate																															
Respiration																															
Blood Pressure																															
Blood Sugar																															

Date	Hour	Medication and Dosage	Route	Reason	Results or Response	Hour	Nurse's Signature

000208

Initials	Full Signature	Title
	Robert E. Piotrowski, PA-C FCI McKean	PAC
	Eva Asp	PAC

Initials	Full Signature	Title
		EMT-P
BJ	B. Sauers	EMT-P

Initials	Full Signature	Title
JLG	J. L. Glenn	Capt

Medication Summary Sheet

Ord.Date 01/23/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 04/21/04
TAKE ONE CAPSULE TWICE DAILY
Rx # 162411 TETRACYCLINE HCL 500 MG CAP #60

Ord.Date 01/23/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 04/21/04
TAKE ONE TABLET TWICE DAILY
Rx # 162412 RANITIDINE 150 MG TAB #60

Ord.Date 01/23/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (0)Refills
Exp.Date 02/21/04
PUT 2 DROPS IN AFFECTED EARS THREE TIMES DAILY
Rx # 162413 CARBAMIDE PEROXIDE 6.5% OTIC #1

Ord.Date 01/23/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 04/21/04
TAKE TWO TABLETS TWICE DAILY AS NEEDED
Rx # 162414 ACETAMINOPHEN 500 MG TAB #30

Ord.Date 05/21/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (0)Refills
Exp.Date 06/09/04
TAKE 1 TABLET 2 TIMES DAILY UNTIL ALL TABLETS ARE GONE. DO NOT SKIP DOSES. **ANTIBIOTIC**
Rx # 167742 SULFAMETH/TRIMETH DS 800MG/160MG TAB #20

Ord.Date 05/21/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 08/18/04
SHAKE WELL: TAKE 2 PUFFS 4 TIMES DAILY.
Rx # 167743 ALBUTEROL INH 90MCG 17GM #1

Ord.Date 05/24/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 08/21/04
TAKE ONE CAPSULE TWICE DAILY
Rx # 167747 TETRACYCLINE HCL 500 MG CAP #60

Ord.Date 05/24/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 08/21/04
TAKE ONE TABLET TWICE DAILY
Rx # 167748 RANITIDINE 150 MG TAB #60

Ord.Date 05/24/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 08/21/04
TAKE ONE TABLET TWICE DAILY
Rx # 167749 ACETAMINOPHEN 500 MG TAB #30

Ord.Date 08/06/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 11/03/04
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 171265 ALBUTEROL INH 90MCG 17GM #1

08/17/04 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (3)Refills
Exp.Date 11/14/04
APPLY VERY SMALL AMOUNT TO AFFECTED AREAS OF LOWER LEGS 4 TIMES DAILY AS NEEDED FOR ITCHING.
Rx # 171815 HYDROCORTISONE CREAM 1% GM #1

08/17/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (0)Refills
Exp.Date 09/15/04
TAKE 1 TABLET 3 TIMES DAILY FOR 10 DAYS. DO NOT SKIP DOSES. *ANTIBIOTIC*
Rx # 171816 AMOXICILLIN/CLAV 500/125MG TAB #30

08/17/04 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (0)Refills
Exp.Date 09/30/04
SHAKE WELL: PLACE 4 DROPS INTO YOUR RIGHT EAR 4 TIMES DAILY.
Rx # 171817 NEOMYCIN/POLY B/HC OTIC SUSP ML #1

08/17/04 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (0)Refills
Exp.Date 11/14/04
SHAKE WELL: APPLY TO AREA & LATHER WITH SMALL AMOUNT OF WATER. LEAVE ON SKIN X 10 MINUTES. RINSE THOROUGHLY. REPEAT ONCE DAILY.
Rx # 171818 SELENIUM SULFIDE LOTION 2.5% ML #1

Ord.Date 08/19/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 11/16/04
TAKE ONE CAPSULE TWICE DAILY
Rx # 171990 TETRACYCLINE HCL 500 MG CAP #60

Ord.Date 08/19/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 11/16/04
TAKE ONE TABLET TWICE DAILY
Rx # 171991 RANITIDINE 150 MG TAB #60

Ord.Date 08/19/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 11/16/04
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 171993 ALBUTEROL INH 90MCG 17GM #1

Ord.Date 08/19/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (4)Refills
Exp.Date 11/16/04
TAKE TWO TABLETS TWICE DAILY
Rx # 171992 ACETAMINOPHEN 500 MG TAB #30

Ord.Date 09/24/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (8)Refills
Exp.Date 12/22/04
TAKE 15ML (1 TABLESPOONFUL) TWICE DAILY
Rx # 173599
LACTULOSE 10GM/15ML ML #1

Ord.Date 09/28/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 12/26/04
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 173738
ALBUTEROL INH 90MCG 17GM #1

Ord.Date 10/08/04 — MOSHIER, DONALD L — H. BEAM,MD 0600
10924-052 — (3)Refills
Exp.Date 01/05/05
TAKE THREE CAPSULES TWICE DAILY
Rx # 174355
RIBAVIRIN 200MG CAP #0 1930

Ord.Date 10/08/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (13)Refills
Exp.Date 01/05/05
INJECT IM 180 MCG SC WEEKLY
Rx # 174354
PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #0

Ord.Date 10/20/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (3)Refills
Exp.Date 02/16/05
TAKE ONE CAPSULE TWICE DAILY
Rx # 174776
TETRACYCLINE HCL 500 MG CAP #60

Ord.Date 10/20/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 01/17/05
TAKE ONE TABLET TWICE DAILY
Rx # 174777
RANITIDINE 150 MG TAB #60

Ord.Date 10/20/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 01/17/05
TAKE TWO TABLETS TWICE DAILY AS NEEDED
Rx # 174778
ACETAMINOPHEN 500 MG TAB #30

Ord.Date 11/24/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 02/21/05
INJECT IM 90 MCG SC WEEKLY
****DOSE DECREASE TO 0.5 CC***
Rx # 176485
PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord.Date 11/24/04 — MOSHIER, DONALD L — H. BEAM,MD 0600
10924-052 — (2)Refills
Exp.Date 02/21/05
TAKE ONE CAPSULE EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE DECREASE**
Rx # 176486
RIBAVIRIN 200MG CAP #90 1930

Ord.Date 11/24/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 02/21/05
APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 176487
BACITRACIN OINT #1

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 02/09/05
APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 175860
HYDROCORTISONE 1% CRM #1

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 02/09/05
TAKE ONE TABLET EACH DAY
Rx # 175859
RABEPRAZOLE 20MG TAB #30

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (8)Refills
Exp.Date 02/09/05
TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY
Rx # 175861
LACTULOSE 10GM/15ML ML #1

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 02/09/05
TAKE ONE CAPSULE TWICE DAILY
Rx # 175858
DOXYCYCLINE 100 MG CAP #60

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 02/09/05
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 175857
ALBUTEROL INH 90MCG 17GM #1

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (11)Refills
Exp.Date 02/09/05
INJECT IM 180 MCG SC WEEKLY
Rx # 175856
PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord.Date 11/12/04 — MOSHIER, DONALD L — H. BEAM,MD 0600
10924-052 — (2)Refills
Exp.Date 02/09/05
TAKE THREE CAPSULES TWICE DAILY
Rx # 175855
RIBAVIRIN 200MG CAP #180 1930

Ord.Date 11/30/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (6)Refills
Exp.Date 02/27/05
TAKE TWO TABLETS TWICE DAILY
Rx # 176617
ACETAMINOPHEN 500 MG TAB #30

Ord.Date 12/17/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (6)Refills
Exp.Date 03/16/05
TAKE TWO TABLETS TWICE DAILY
Rx # 177379
ACETAMINOPHEN 500 MG TAB #28

Ord.Date 12/22/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (6)Refills
Exp.Date 03/21/05
TAKE 1 TABLESPOONFUL (15ML) TWICE DAILY
Rx # 177631
LACTULOSE 10GM/15ML ML #1

Ord.Date 12/22/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (3)Refills
Exp.Date 03/21/05
INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 177630
ALBUTEROL INH 90MCG 17GM #1

Ord.Date 12/22/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 03/21/05
TAKE ONE CAPSULE TWICE DAILY
Rx # 177629
DOXYCYCLINE 100 MG CAP #60

Ord.Date 12/22/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 03/21/05
TAKE ONE CAPSULE EACH DAY
Rx # 177628
OMEPRAZOLE 20MG CAP #7

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 12/2004

Prescriptions	Time 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Order Date 11/24/04 — MOSHIER, DONALD L — 10924-052 — BEAM,MD Exp. Date 02/21/05 RX # 176486 **TAKE ONE CAPSULE EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE DECREASE**** RIBAVIRIN 200MG CAP #90	0600 … 1930
Ord.Date 12/29/04 — MOSHIER, DONALD L — R. BEAM,MD — 10924-052 — (3)Refills Exp.Date 03/28/05 Rx # 177811 **TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE INCREASE**** RIBAVIRIN 200MG CAP #120 193(	
Order Date Exp. Date RX #	
Order Date Exp. Date RX #	
Order Date Exp. Date RX #	
Order Date Exp. Date RX #	
Order Date Exp. Date RX #	

000211

Documentation Codes: H - Hold | R - Refused | DC - Discontinued Order | S - Self Administered | NS - No Show | O - Other

DOB: 08/18/1961 HT: 6' 1" WT: 260 Allergies: NKA Diagnosis: NKD

Unit: A04-203U

Pill Line#: Pt. Name: MOSHIER, DONALD L Registration #: 10924-052 Physician: BEAM,MD

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 11/2004

Prescriptions	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
Order Date: 11/12/04 Exp Date: 02/09/05 Rx #: 175855 MOSHIER, DONALD L — 10924-052 — H. BEAM,MD — (2)Refills — TAKE THREE CAPSULES TWICE DAILY — RIBAVIRIN 200MG CAP #180	0600																															
	1930																															
Order Date: 11/24/04 Exp Date: 02/21/05 Rx #: 176486 MOSHIER, DONALD L — 10924-052 — H. BEAM,MD — (2)Refills — TAKE ONE CAPSULE EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE DECREASE** — RIBAVIRIN 200MG CAP #90	0600																															
	1930																															
Order Date / Exp. Date / RX #																																
Order Date / Exp. Date / RX #																																
Order Date / Exp. Date / RX #																																
Order Date / Exp. Date / RX #																																
Order Date / Exp. Date / RX #																																

DC 11/24/04

Documentation Codes: H - Hold | R - Refused | DC - Discontinued Order | S - Self Administered | NS - No Show | O - Other

DOB: 08/18/1961 HT: 6' 1" WT: 260 Allergies: NKA Diagnosis: NKD

Unit: A04-203U

Pill Line#: Pt. Name: MOSHIER, DONALD L Registration #: 10924-052 Physician: BEAM,MD

PAGE: 1

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 10/2004

	Prescriptions	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
Order Date 10/08/04	MOSHIER, DONALD L 10924-052 BEAM,MD	0600																									[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Exp. Date 01/05/05	TAKE THREE CAPSULES TWICE DAILY																																
RX # 174355	RIBAVIRIN 200MG CAP #180	1930																									[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Order Date																																	
Exp. Date																																	
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000213

Documentation Codes: H - Hold | R - Refused | DC - Discontinued Order | S - Self Administered | NS - No Show | O - Other

DOB: 08/18/1961 HT: 6' 1" WT: 260 Allergies: NKA Diagnosis: NKD

Unit: A04-203U

Pill Line#: Pt. Name: MOSHIER, DONALD L Registration #: 10924-052 Physician: BEAM,MD

Medication Summary Sheet

Ord.Date 05/12/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 06/10/03 — INHALE 2 PUFFS IN EACH NOSTRIL 4 TIMES A DAY AND AS NEEDED
Rx # 148006 — SALINE NASAL SPRAY — #1

Ord.Date 05/12/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 05/31/03 — TAKE ONE TABLET TWICE DAILY AS NEEDED
Rx # 148005 — IBUPROFEN 800 MG TAB — #10

Ord.Date 05/12/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 05/31/03 — TAKE ONE TABLET TWICE DAILY
Rx # 148004 — TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB — #10

Ord.Date 05/27/03 — MOSHIER, DONALD L — B. SAYLOR
10924-052 — (0)Refills
Exp.Date 06/25/03 — TAKE ONE TABLET EVERY EIGHT HOURS AS NEEDED
Rx # 148812 — CHLORPHENIRAMINE 4 MG TAB — #21

Ord.Date 05/27/03 — MOSHIER, DONALD L — B. SAYLOR
10924-052 — (0)Refills
Exp.Date 06/26/03 — TAKE ONE OR TWO TABLETS EVERY 4 TO 6 HOURS AS NEEDED
Rx # 148813 — ACETAMINOPHEN 325 MG TAB — #20

Ord.Date 05/27/03 — MOSHIER, DONALD L — B. SAYLOR
10924-052 — (0)Refills
Exp.Date 06/09/03 — TAKE ONE CAPSULE 3 TIMES A DAY FOR 10 DAYS
Rx # 148814 — AMOXICILLIN 500 MG CAP — #30

Ord.Date 06/13/03 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (0)Refills
Exp.Date 07/12/03 — TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED FOR FOR COLD SYMPTOMS
Rx # 149676 — TRIPROL/PSEUDO 2.5/60MG TAB — #20

Ord.Date 06/13/03 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (1)Refills
Exp.Date 08/11/03 — TAKE ONE TABLET EVERY FOUR HOURS AS NEEDED FOR PAIN
Rx # 149675 — IBUPROFEN 400 MG TAB — #30

Ord.Date 06/13/03 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (2)Refills
Exp.Date 09/10/03 — TAKE 1 TO 2 TABLESPOONFULS FOUR TIMES DAILY AS NEEDED
Rx # 149674 — BISMUTH SUBSAL 262MG/15ML SUSP — #1

Ord.Date 09/02/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 10/01/03 — TAKE ONE TABLET THREE TIMES DAILY AS NEEDED
Rx # 154174 — IBUPROFEN 800 MG TAB — #28

Ord.Date 06/13/03 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (1)Refills
Exp.Date 07/02/03 — TAKE ONE CAPSULE 3 TIMES A DAY FOR 14 DAYS
Rx # 149673 — AMOXICILLIN 500 MG CAP — #21

Ord.Date 06/13/03 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (0)Refills
Exp.Date 07/12/03 — INHALE 1 TO 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 149672 — ALBUTEROL INHALER 17 GM — #1

Ord.Date 06/23/03 — MOSHIER, DONALD L — J. GLENN
10924-052 — (0)Refills
Exp.Date 07/02/03 — TAKE ONE TABLET THREE TIMES DAILY FOR 5 DAYS
Rx # 150142 — TRIPROL/PSEUDO 2.5/60MG TAB — #15

Ord.Date 06/23/03 — MOSHIER, DONALD L — S. LABROZZI
10924-052 — (3)Refills
Exp.Date 09/10/03 — TAKE ONE CAPSULE TWICE DAILY UNTIL FINISHED (TAKE ON EMPTY STOMACH WITH A FULL GLASS OF WATER)
Rx # 150190 — TETRACYCLINE HCL 500 MG CAP — #30

Ord.Date 07/22/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (2)Refills
Exp.Date 08/04/03 — TAKE ONE TABLET TWICE DAILY
Rx # 151839 — RANITIDINE 150 MG TAB — #20

Ord.Date 07/22/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 07/31/03 — TAKE ONE TABLET TWICE DAILY **DRINK PLENTY OF WATER**
Rx # 151840 — GUAIFENESIN LA 600MG TAB — #14

Ord.Date 07/22/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 07/26/03 — TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS**
Rx # 151841 — TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB — #15

Ord.Date 09/02/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 09/21/03 — TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED ** DO NOT USE WITH ACTIFED**
Rx # 154175 — CHLORPHENIRAMINE 4 MG TAB — #12

Ord.Date 09/02/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (0)Refills
Exp.Date 09/21/03 — TAKE ONE TABLET THREE TIMES DAILY AS NEEDED
Rx # 154176 — TRIPROL/PSEUDO 2.5/60MG TAB — #15

Ord.Date 09/02/03 — MOSHIER, DONALD L — E. ASP
10924-052 — (3)Refills
Exp.Date 11/30/03 — TAKE ONE CAPSULE TWICE DAILY
Rx # 154177 — TETRACYCLINE HCL 500 MG CAP — #30

FCI McKean

Ord.Date 09/18/03 | MOSHIER, DONALD L | B. SAYLOR
10924-052 | (0)Refills
Exp.Date 10/17/03 | TAKE 2 TABLESPOONFULS (30CC) UP TO FOUR TIMES DAILY AS NEEDED
Rx # 155162 | BISMUTH SUBSAL 262MG/15ML SUSP #1

Ord.Date 09/18/03 | MOSHIER, DONALD L | B. SAYLOR
10924-052 | (0)Refills
Exp.Date 10/07/03 | TAKE ONE TABLET TWICE DAILY
Rx # 155163 | GUAIFENESIN LA 600MG TAB #10

Ord.Date 09/18/03 | MOSHIER, DONALD L | B. SAYLOR
10924-052 | (0)Refills
Exp.Date 10/17/03 | TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED
Rx # 155164 | ACETAMINOPHEN 500 MG TAB #20

Ord.Date 09/30/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 10/19/03 | TAKE ONE TABLET THREE TIMES DAILY FOR 5 DAYS
Rx # 155712 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date 09/30/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (1)Refills
Exp.Date 11/28/03 | TAKE ONE OR TWO TABLETS THREE TIMES DAILY WITH FOOD AS NEEDED
Rx # 155713 | IBUPROFEN 400 MG TAB #20

Ord.Date 09/30/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 10/29/03 | INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 155714 | ALBUTEROL INH 90MCG 17GM #1

Ord.Date 09/30/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 10/13/03 | TAKE ONE CAPSULE THREE TIMES DAILY FOR 10 DAYS
Rx # 155715 | AMOXICILLIN 500 MG CAP #30

Ord.Date 10/10/03 | MOSHIER, DONALD L | R. PIOTROWSKI
10924-052 | (0)Refills
Exp.Date 10/24/03 | TAKE ONE CAPSULE THREE TIMES DAILY UNTIL FINISHED
Rx # 56495 | AMOXICILLIN 500 MG CAP #30

Ord.Date 10/10/03 | MOSHIER, DONALD L | R. PIOTROWSKI
10924-052 | (0)Refills
Exp.Date 10/16/03 | TAKE ONE TABLET FOUR TIMES DAILY **MAY CAUSE DROWSINESS**
Rx # 156496 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

Ord.Date 10/10/03 | MOSHIER, DONALD L | R. PIOTROWSKI
10924-052 | (0)Refills
Exp.Date 10/29/03 | TAKE 1-2 TABLETS THREE TIMES DAILY AS NEEDED WITH FOOD
Rx # 156497 | IBUPROFEN 400 MG TAB #20

Ord.Date 10/14/03 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (0)Refills
Exp.Date 01/11/04 | TAKE ONE TABLET AT BEDTIME
Rx # 156643 | RANITIDINE 150 MG TAB #30

Ord.Date 10/16/03 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (2)Refills
Exp.Date 01/13/04 | TAKE TWO TABLETS TWICE DAILY
Rx # 156882 | ACETAMINOPHEN 500 MG TAB #30

Ord.Date 11/21/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 12/04/03 | TAKE ONE CAPSULE 3 TIMES A DAY FOR 10 DAYS
Rx # 158940 | AMOXICILLIN 500 MG CAP #30

Ord.Date 11/21/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 11/27/03 | TAKE ONE TABLET THREE TIMES DAILY FOR 5 DAYS
Rx # 158963 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date 11/21/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 12/20/03 | TAKE 2 TABLESPOONFULS (30CC) THREE TIMES DAILY AS NEEDED
Rx # 158964 | BISMUTH SUBSAL 262MG/15ML SUSP #1

Ord.Date 12/01/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 12/14/03 | TAKE ONE TABLET FOUR TIMES DAILY FOR 10 DAYS
Rx # 159403 | ERYTHROMYCIN DELAYED RELEASE 500 MG TAB #40

Ord.Date 12/01/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (3)Refills
Exp.Date 02/28/04 | TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED FOR PAIN
Rx # 159404 | ACETAMINOPHEN 500 MG TAB #40

Ord.Date 12/01/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 12/10/03 | TAKE ONE TABLET TWICE DAILY WITH PLENTY OF WATER
Rx # 159405 | GUAIFEN/DEXTRO 600/30MG TAB #14

Ord.Date 12/01/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (2)Refills
Exp.Date 02/28/04 | TAKE 2 TABLESPOONFULS FOUR TIMES DAILY AS NEEDED FOR NAUSEA & VOMITING
Rx # 159406 | BISMUTH SUBSAL 262MG/15ML SUSP #1

Ord.Date 12/04/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 12/10/03 | TAKE ONE TABLET FOUR TIMES DAILY **MAY CAUSE DROWSINESS**
Rx # 159713 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

Ord.Date 12/11/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 12/24/03 | TAKE ONE TABLET TWICE DAILY FOR 14 DAYS
Rx # 160164 | SULFAMETH/TRIMETH DS 800MG/160MG TAB #28

Ord.Date 12/11/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 12/30/03 | TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED FOR NOSE CONGESTION
Rx # 160165 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

FCI MCKEAN PHARMACY

133685 B. SAYLOR 08/04/02
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - Z07-210U
5-7 DROPS IN AFFECTED EAR EACH DAY FOR 4 DAYS

CARBAMIDE PEROXIDE 6.5% OTIC #1
(0)Refills 08/04/2002 CDM RxExp 08/07/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

135396 G. FAIRBANK 09/09/02
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - Z07-210U
INSTILL 2-3 DROPS IN THE LEFT EAR THREE TIMES DAILY **SHAKE WELL**

NEOMYCIN/POLY B/HC OTIC SUSP ML #1
(0)Refills 09/09/2002 CDM RxExp 09/28/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

135420 G. FAIRBANK 09/09/02
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - Z07-210U
TAKE ONE TABLET 3 TIMES A DAY AS NEEDED **WITH FOOD**

IBUPROFEN 800 MG TAB #21
(1)Refills 09/09/2002 VG RxExp 11/07/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

Ord.Date 09/13/02 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 09/22/02 TAKE ONE CAPSULE THREE TIMES DAILY UNTIL FINISHED
Rx # 135660 AMOXICILLIN 500 MG CAP D/C 9/16 per Fairbanks #30

Ord.Date 09/16/02 MOSHIER, DONALD L D. OLSON
10924-052 (0)Refills
Exp.Date 09/26/02 TAKE ONE TABLET TWICE DAILY
Rx # 135726 CIPROFLOXACIN 500 MG TAB #20

Ord.Date 11/19/02 MOSHIER, DONALD L G. FAIRBA
10924-052 (0)Refills
Exp.Date 12/16/02 TAKE ONE CAPSULE FOUR TIMES DAILY
Rx # 139099 CEPHALEXIN 500 MG CAP #40

Ord.Date 11/19/02 MOSHIER, DONALD L G. FAIRBA
10924-052 (2)Refills
Exp.Date 02/16/03 TAKE ONE TABLET TWICE DAILY
Rx # 139100 RANITIDINE 150 MG TAB #20

Ord.Date 11/27/02 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 12/01/02 TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS**
Rx # 139530 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date 11/27/02 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 12/08/02 TAKE ONE TABLET TWICE DAILY UNTIL FINISHED
Rx # 139531 GUAIFENESIN LA 600MG TAB #14

Ord.Date 11/27/02 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 12/16/02 TAKE TWO TABLETS EVERY EIGHT HOURS AS NEEDED
Rx # 139532 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date 12/09/02 MOSHIER, DONALD L G. FAIRBANKS
10924-052 (0)Refills
Exp.Date 01/07/03 TAKE ONE CAPSULE FOUR TIMES DAILY
Rx # 139999 TETRACYCLINE HCL 250 MG CAP #40

Ord.Date 12/09/02 MOSHIER, DONALD L G. FAIRBANKS
10924-052 (0)Refills
Exp.Date 01/07/03 TAKE ONE TABLET TWICE DAILY
Rx # 140000 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #10

Ord.Date 02/03/03 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 02/07/03 TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS**
Rx # 142371 TRIPROL/PSEUDO 2.5/60MG TAB #15

Ord.Date 02/03/03 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 03/04/03 2 SQUIRTS IN EACH NOSTRIL FOUR TIMES DAILY AS NEEDED
Rx # 142372 SODIUM CHLORIDE NASAL 0.65% ML #1

Ord.Date 02/03/03 MOSHIER, DONALD L J. GLENN
10924-052 (0)Refills
Exp.Date 02/22/03 TAKE TWO TABLETS EVERY EIGHT HOURS AS NEEDED
Rx # 142373 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date 02/18/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 02/27/03 | TAKE TWO CAPSULES (500MG) THREE TIMES DAILY UNTIL FINISHED
Rx # 143182 | AMOXICILLIN 250 MG CAP | #60

Ord.Date 02/18/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 02/22/03 | TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS**
Rx # 143183 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB | #15

Ord.Date 02/18/03 | MOSHIER, DONALD L | J. GLENN
10924-052 | (0)Refills
Exp.Date 03/09/03 | TAKE TWO TABLETS EVERY EIGHT HOURS AS NEEDED
Rx # 143184 | ACETAMINOPHEN 500 MG CAPL | #30

Ord.Date 03/12/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 03/31/03 | TAKE TWO TABLETS TWICE DAILY FOR COUGH & CHEST CONGESTION WITH PLENTY INTAKE
Rx # 144519 | GUAIFEN/DEXTROMETH 600MG/30MG TAB | #20

Ord.Date 03/12/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (1)Refills
Exp.Date 06/09/03 | MASSAGE 1 TO 2 TEASPOONFULS INTO WET SCALP. RINSE AFTER 3 MIN. REPEAT 3 TIMES A WEEK
Rx # 144520 | SELENIUM SULF LOT 2.5% LO | #1

Ord.Date 03/12/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 03/25/03 | TAKE ONE TABLET TWICE DAILY FOR 10 DAYS FOR SINUSITIS
Rx # 144515 | SULFAMETH/TRIMETH DS 800MG/160MG TAB | #20

Ord.Date 03/12/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (1)Refills
Exp.Date 06/09/03 | TAKE ONE TABLET EVERY FOUR HOURS AS NEEDED FOR PAIN, HEADACHE
Rx # 144518 | IBUPROFEN 400 MG TAB | #30

Ord.Date 03/12/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (3)Refills
Exp.Date 06/09/03 | TAKE ONE CAPSULE TWICE DAILY ON EMPTY STOMACH BEGINNING MARCH 21 AFTER FINISHING BACTRIM
Rx # 144516 | TETRACYCLINE HCL 500 MG CAP | #30

Ord.Date 03/12/03 | MOSHIER, DONALD L | S. LABROZZI
10924-052 | (0)Refills
Exp.Date 03/31/03 | TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED FOR CONGESTION & FOR COLD SYMPTOMS
Rx # 144517 | TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB | #20

668.060
.Y 99

ASTHMA FLOW SHEET

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

	Date > 12 JAN 2006							
Staging of asthma severity. Symptom scoring to determine step: see below.	Wheeze 3							
	Cough 1							
	Activity 2							
	Night Sx 3							
	STEP 2							
Best = _____ ml	Current Peak Flow 650							
Meds: enter current dose (e.g. 2 puffs QID).	Beta-2 Agonist ALBUTEROL II PUFFS q.i.d							
	Inhaled Steroid							
	Theophylline							
	Oral Steroid							
Others:								
	Smoking (cigs/day) 0	0						
	Comments							
	Provider Initials MJP							

History since last visit
Wheeze:| 0 = None| |1 = < twice/week| |2 = > twice/week| |3 = daily|
Cough:| 0 = None| |1 = occasional| |2 = frequent| |3 = continuous|
Activity:| 0 = Normal| |1 = can run short dist.. climb 3 flights of stairs| |2 = walk only| |3 = sx at rest|
Night symptoms:| 0 = < 2 times/month| |1 = > 2 times/month| |2 = > 1 time/week| |3 = frequent|

Name: MOSHIER, DONALD
Reg No: 10924-052
Date of Birth: 10 NOV 1961
Institution: USP LEWISBURG
~~HEALTH SERVICES UNIT~~
~~LEWISBURG, PA 17837~~

Key to Comments:

H = Hospitalized this visit
I = Intensive tx for acute episode (e.g. IV steroids. w/o hospitalization)
E/I = Educated re: inhaler technique
E/S = Educated re: smoking cessation
E/M = Educated re: use of med
E/C = Educated re: med compliance
E/A = Educated re: all above

BP-S620.060 **PATIENT PROBLEM LIST** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

PROBLEM LIST

DATE NOTED	SIGNIFICANT DIAGNOSES	SIGNIFICANT OPERATIONS/ INVASIVE PROCEDURES	DATE
	Axis I		
	II		
9/16/03	III { Hep C (+)	→ ? Cirrhosis	SP cholecystectomy for gangrenous gall bladder
	Hep Bs Ab (+) Ag (-) c Ab (+)		
	Low back pain		
	SP appendectomy (1998-1999)		
	Borderline Diabetes		
3/26/04	GERD	Asthma	
3/26/04	Venous Insufficiency		
3/26/04	Lipomas		
	~~Border~~		
12/21/04	Care level II		

3/26/04
NKDA
Ø Food
Ø Environment

ADVERSE / ALLERGIC DRUG REACTIONS
(If none, record "No Known Drug Allergies")

NKDA

Patient Identification
(Name, Reg #, DOB)

(This form may be replicated via WP)

Donald Mosher
10924-052
8/18/61
8-8-61

BP-E620.060
AUG 96

PATIENT PROBLEM LIST

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

PROBLEM LIST

Date Noted	Significant Diagnoses	Significant Operations/ Invasive Procedures	Date
1984	CL L BP 2° h MVA.	Ex Nerve 2° h assault	May 2002.
		Substance abuse.	
		Cholecystectomy Laparoscopic AL.	1999.
		Appendectomy	

NO known drug allergy

ADVERSE / ALLERGIC DRUG REACTION
(If none, record "No Known Drug Allergies)

PATIENT IDENTIFICATION :

Name : _____

Register Number _____

DOB _____

NAME
MOSHIER JR. DONALD

Date Of Birth	Sex	Institution	Date Of Photo
8/18/1961	M	BRO	5/22/2002

Height	Weight	Hair Color	Eye Color
601	260	BD	BL

Custody / QTR _____ Spec. Cond _____

CCC / CSW _____ WRK _____

REGISTER NUMBER
10924-052

DOJ Patient-focused F\ .ion
BOP

Care of Patients

Pharmacy Service

HEALTH SERVICES DEPARTMENT
USP LEWISBURG

1: Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI 10924-052 (17)Refills Exp.Date 10/28/06 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 190743 NAPROXEN 500 MG TAB #20 ***DATE STARTED:***	**6:**
2: Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI 10924-052 (0)Refills Exp.Date 05/11/06 TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY Rx # 190744 CEPHALEXIN 500 MG CAP #30	**7:**
3: Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI 10924-052 (0)Refills Exp.Date 05/11/06 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 190745 SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB #20	**8:**
4:	**9:**
5:	**10:** ***DATE ENDED:***

INMATE NAME & NUMBER
MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-105U
05/02/2006

PHARMACY COMMUNICATION SHEET

000221

Health Services Unit

DOJ Patient-foci d Function
BOP

Care of Patients
Pharmacy Service

MEDICATION PROFILE SHEET
HEALTH SERVICES DEPARTMENT
USP LEWISBURG

1: Ord.Date 01/12/06 — MOSHIER, DONALD L 10924-052 — M. PEORIA (4)Refills
Exp.Date 05/11/06 — **INHALE 2 PUFFS ORALLY 4 TIMES DAILY**
Rx # 178716 — ALBUTEROL 17 GM MDI — #0
DATE STARTED: 1.12.06

2: Ord.Date 01/12/06 — MOSHIER, DONALD L 10924-052 — A. BUSSANICH (8)Refills
Exp.Date 05/11/06 — **TAKE ONE TABLET TWICE DAILY**
Rx # 178717 — RANITIDINE 150 MG TAB — #0

3: Ord.Date 01/12/06 — MOSHIER, DONALD L 10924-052 — A. BUSSANICH (12)Refills
Exp.Date 04/11/06 — **TAKE ONE TABLET BY MOUTH TWICE DAILY**
Rx # 178718 — NAPROXEN 500 MG TABLET 500 MG TAB — #0

4: Ord.Date 01/12/06 — MOSHIER, DONALD L 10924-052 — A. BUSSANICH (0)Refills
Exp.Date 01/21/06 — **INSTILL 4 DROPS THREE TIMES DAILY AS DIRECTED**
Rx # 178719 — NEOMYCIN/POLY B/HC OTIC SUSP ML — #1

5: Ord.Date 03/09/06 — MOSHIER, DONALD L 10924-052 — L. RAMIREZ (0)Refills
Exp.Date 03/13/06 — **TAKE ONE TABLET BY MOUTH THREE TIMES DAILY**
Rx # 181972 — DICYCLOMINE HCL 20 MG TAB — #15

6: Ord.Date 04/04/06 — MOSHIER, DONALD L 10924-052 — L. RAMIREZ (0)Refills
Exp.Date 04/13/06 — **TAKE ONE CAPSULE BY MOUTH FOUR TIMES DAILY**
Rx # 184097 — CEPHALEXIN 500 MG CAP — #40

7: Ord.Date 04/04/06 — MOSHIER, DONALD L 10924-052 — L. RAMIREZ (0)Refills
Exp.Date 04/13/06 — **TAKE ONE TABLET BY MOUTH TWICE DAILY**
Rx # 184098 — SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB — #20

8: Ord.Date 04/04/06 — MOSHIER, DONALD L 10924-052 — L. RAMIREZ (0)Refills
Exp.Date 05/03/06 — **APPLY TOPICALLY TWICE DAILY**
Rx # 184099 — BACITRACIN/POLY B OINT — #1

9: Ord.Date 05/02/06 — MOSHIER, DONALD L 10924-052 — J. GERARGI (5)Refills
Exp.Date 10/28/06 — **2 PUFFS FOUR TIMES DAILY**
Rx # 190741 — ALBUTEROL 17 GM MDI — #1

10: Ord.Date 05/02/06 — MOSHIER, DONALD L 10924-052 — J. GERARGI (5)Refills
Exp.Date 10/28/06 — **TAKE ONE TABLET TWICE DAILY**
Rx # 190742 — RANITIDINE 150 MG TAB — #60
DATE ENDED:

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - Z01-014LAD
01/12/2006

000222

DOJ Patient-focused Function
BOP

Care of Patients

Pharmacy Service

MEDICATION PROFILE SHEET

HEALTH SERVICES DEPARTMENT

USP LEWISBURG

1: Ord.Date 10/07/05 — Exp.Date 11/05/05 — MOSHIER, DONALD L — 10924-052 — I. NAVARRO — (0)Refills
INHALE 2 PUFFS ORALLY 4 TIMES DAILY
Rx # 172157 — ALBUTEROL 17 GM MDI — #1

DATE STARTED:

2: Ord.Date 10/25/05 — Exp.Date 01/22/06 — MOSHIER, DONALD L — 10924-052 — A. BUSSANICH — (11)Refills
TAKE TWO TABLETS BY MOUTH TWICE DAILY
Rx # 173164 — RANITIDINE 150 MG TAB — #30

3: Ord.Date 10/25/05 — Exp.Date 01/22/06 — MOSHIER, DONALD L — 10924-052 — A. BUSSANICH — (2)Refills
INHALE 2 PUFFS ORALLY 4 TIMES DAILY
Rx # 173165 — ALBUTEROL 17 GM MDI — #1

4: Ord.Date 10/25/05 — Exp.Date 01/22/06 — MOSHIER, DONALD L — 10924-052 — A. BUSSANICH — (8)Refills
TAKE ONE TABLET BY MOUTH TWICE DAILY
Rx # 173166 — NAPROXEN 500 MG TABLET 500 MG TAB — #20

5: Ord.Date 10/25/05 — Exp.Date 11/07/05 — MOSHIER, DONALD L — 10924-052 — A. BUSSANICH — (0)Refills
TAKE TWO CAPSULES BY MOUTH EACH DAY
Rx # 173167 — DOXYCYCLINE 100 MG CAP — #28

6: Ord.Date 11/28/05 — Exp.Date 12/27/05 — MOSHIER, DONALD L — 10924-052 — I. NAVARRO — (0)Refills
TAKE TWO CAPSULES BY MOUTH EACH DAY
Rx # 175139 — DOXYCYCLINE 100 MG CAP — #60

7: Ord.Date 11/30/05 — Exp.Date 02/27/06 — MOSHIER, DONALD L — 10924-052 — A. BUSSANICH — (8)Refills
TAKE ONE TABLET BY MOUTH TWICE DAILY
Rx # 175274 — NAPROXEN 500 MG TABLET 500 MG TAB — #20

8: Ord.Date 11/30/05 — Exp.Date 02/27/06 — MOSHIER, DONALD L — 10924-052 — A. BUSSANICH — (2)Refills
INHALE 2 PUFFS ORALLY 4 TIMES DAILY
Rx # 175275 — ALBUTEROL 17 GM MDI — #1

9: Ord.Date 01/05/06 — Exp.Date 04/04/06 — MOSHIER, DONALD L — 10924-052 — M. PEORIA — (0)Refills
TAKE TWO CAPSULES BY MOUTH EACH MORNING
Rx # 178219 — DOXYCYCLINE 100 MG CAP — #60

10:

DATE ENDED:

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-113U
10/07/2005

000223

Care of Patients

Pharmacy Service

: Ord.Date 07/28/05 | MOSHIER, DONALD L 10924-052 | A. BUSSANICH (0)Refills
Exp.Date 10/26/05 | APPLY TOPICALLY TWICE DAILY
Rx # 167384 | BACITRACIN/POLY B OINT #1

DATE STARTED:

2: Ord.Date 07/28/05 | MOSHIER, DONALD L 10924-052 | A. BUSSANICH (5)Refills
Exp.Date 10/26/05 | TAKE ONE CAPSULE TWICE DAILY
Rx # 167385 | DOXYCYCLINE 100 MG CAP #30

3: Ord.Date 08/25/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (0)Refills
Exp.Date 09/23/05 | TAKE ONE CAPSULE TWICE DAILY
Rx # 169233 | DOXYCYCLINE 100 MG CAP #60

4: Ord.Date 08/25/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (1)Refills
Exp.Date 09/23/05 | TAKE ONE TABLET TWICE DAILY
Rx # 169232 | RANITIDINE 150 MG TAB #30

5: Ord.Date 08/25/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (2)Refills
Exp.Date 11/22/05 | TAKE ONE TABLET BY MOUTH TWICE DAILY
Rx # 169234 | NAPROXEN 500 MG TABLET 500 MG TAB #20

6:: Ord.Date 10/07/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (1)Refills
Exp.Date 11/05/05 | TAKE ONE TABLET TWICE DAILY
Rx # 172154 | RANITIDINE 150 MG TAB #30

7: Ord.Date 10/07/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (0)Refills
Exp.Date 01/04/06 | TAKE ONE TABLET BY MOUTH TWICE DAILY
Rx # 172155 | NAPROXEN 500 MG TABLET 500 MG TAB #20

8: Ord.Date 10/07/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (2)Refills
Exp.Date 11/06/05 | TAKE ONE CAPSULE TWICE DAILY
Rx # 172156 | DOXYCYCLINE 100 MG CAP #20

9: Ord.Date 10/07/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (1)Refills
Exp.Date 11/05/05 | TAKE ONE TABLET TWICE DAILY
Rx # 172154 | RANITIDINE 150 MG TAB #30

10: Ord.Date 10/07/05 | MOSHIER, DONALD L 10924-052 | I. NAVARRO (0)Refills
Exp.Date 01/04/06 | TAKE ONE TABLET BY MOUTH TWICE DAILY
Rx # 172155 | NAPROXEN 500 MG TABLET 500 MG TAB #20

DATE ENDED:

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-113U
07/28/2005

000224

Medication Summary Sheet

Ord.Date 12/29/04 — MOSHIER, DONALD L — H. BEAM,MD 0600
10924-052 — (3)Refills
Exp.Date 03/28/05 — TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE INCREASE**
Rx # 177811 — RIBAVIRIN 200MG CAP — #120 1930

Ord.Date 12/29/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 03/28/05 — INJECT IM 135 MCG SC WEEKLY ****DOSE INCREASE TO 0.75 ML***
Rx # 177812 — PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord.Date 12/29/04 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 03/28/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 177813 — BACITRACIN OINT #1

Ord.Date 02/03/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (3)Refills
Exp.Date 05/03/05 — INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 179198 — ALBUTEROL INH 90MCG 17GM #1

Ord.Date 02/03/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 05/03/05 — INJECT 180 MCG WEEKLY **DOSE INCREASE**
Rx # 179194 — PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord.Date 02/03/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 05/03/05 — TAKE ONE CAPSULE EACH DAY
Rx # 179195 — OMEPRAZOLE 20MG CAP #7

Ord.Date 02/03/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 05/03/05 — TAKE ONE CAPSULE TWICE DAILY
Rx # 179196 — DOXYCYCLINE 100 MG CAP #14

Ord.Date 02/03/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 05/03/05 — TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY
Rx # 179197 — LACTULOSE 10GM/15ML ML #1

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (1)Refills
Exp.Date 05/10/05 — INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 179526 — ALBUTEROL INH 90MCG 17GM #1

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (8)Refills
Exp.Date 05/10/05 — TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY
Rx # 179527 — LACTULOSE 10GM/15ML ML #1

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 05/10/05 — TAKE ONE CAPSULE EACH DAY
Rx # 179529 — OMEPRAZOLE 20MG CAP #30

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 05/10/05 — INJECT 180 MCG WEEKLY
Rx # 179530 — PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (4)Refills
Exp.Date 05/10/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 179531 — HYDROCORTISONE 1% CRM #1

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD 0600
10924-052 — (4)Refills
Exp.Date 05/10/05 — TAKE THREE CAPSULES TWICE DAILY
Rx # 179532 — RIBAVIRIN 200MG CAP #180 1930

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 05/10/05 — TAKE TWO TABLETS TWICE DAILY
Rx # 179533 — ACETAMINOPHEN 500 MG TAB #30

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (4)Refills
Exp.Date 05/10/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY (BODY)
Rx # 179534 — BETAMETHASONE VAL 0.1 % OINT #1

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 05/10/05 — TAKE ONE CAPSULE TWICE DAILY
Rx # 179528 — DOXYCYCLINE 100 MG CAP #60

Ord.Date 02/10/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (4)Refills
Exp.Date 05/10/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 179535 — BACITRACIN OINT #1

Ord.Date 03/03/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (12)Refills
Exp.Date 05/31/05 — TAKE TWO TABLETS BY MOUTH TWICE DAILY AS DIRECTED
Rx # 180377 — ACETAMINOPHEN 500 MG TAB #30

Ord.Date 06/14/05 | MOSHIER, DONALD L | D. OLSON
10924-052 | (0)Refills
Exp.Date 07/13/05 | INHALE 2 PUFFS EVERY SIX HOURS AS NEEDED
Rx # 184719 | ALBUTEROL 17 GM MDI | #1

Ord.Date 06/14/05 | MOSHIER, DONALD L | D. OLSON
10924-052 | (0)Refills
Exp.Date 06/23/05 | TAKE ONE TABLET TWICE DAILY AT 7AM AND 7PM
Rx # 184720 | RANITIDINE 150 MG TAB | #14

Ord.Date 06/14/05 | MOSHIER, DONALD L | D. OLSON
10924-052 | (0)Refills
Exp.Date 06/28/05 | TAKE 1 TABLESPOONFUL TWICE DAILY AT 7AM AND 7PM
Rx # 184721 | LACTULOSE 10GM/15ML ML | #1

Ord.Date 06/28/05 | MOSHIER, DONALD L | I. NAVARRO
10924-052 | (1)Refills
Exp.Date 07/27/05 | TAKE ONE TABLET TWICE DAILY
Rx # 165559 | RANITIDINE 150 MG TAB | #30

Ord.Date 06/28/05 | MOSHIER, DONALD L | I. NAVARRO
10924-052 | (0)Refills
Exp.Date 07/27/05 | TAKE ONE CAPSULE TWICE DAILY
Rx # 165560 | DOXYCYCLINE 100 MG CAP | #60

Ord.Date 06/28/05 | MOSHIER, DONALD L | I. NAVARRO
10924-052 | (0)Refills
Exp.Date 07/27/05 | INHALE 2 PUFFS ORALLY 4 TIMES DAILY
Rx # 165561 | ALBUTEROL 17 GM MDI | #1

Ord.Date 06/28/05 | MOSHIER, DONALD L | I. NAVARRO
10924-052 | (2)Refills
Exp.Date 09/25/05 | TAKE ONE TABLET BY MOUTH TWICE DAILY
Rx # 165562 | NAPROXEN 500 MG TABLET 500 MG TAB | #20

Medication Summary Sheet

Ord.Date 01/12/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (11)Refills
Exp.Date 04/11/05 — INJECT IM 135 MCG SC WEEKLY ****DOSE INCREASE TO 0.75 ML***
Rx # 178395 — PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord.Date 01/12/05 — MOSHIER, DONALD L — H. BEAM,MD 0600
10924-052 — (4)Refills
Exp.Date 04/11/05 — TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**
Rx # 178396 — RIBAVIRIN 200MG CAP #180 1930

Ord.Date 01/12/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 04/11/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 178397 — HYDROCORTISONE 1% CRM #1

Ord.Date 04/01/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 05/15/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 181474 — BETAMETHASONE VAL 0.1 % OINT #1

Ord.Date 04/18/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (0)Refills
Exp.Date 05/01/05 — TAKE ONE TABLET THREE TIMES DAILY
Rx # 182226 — AMOXICILLIN/CLAV 500/125MG TAB #30

Ord.Date 04/28/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 06/11/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 182790 — BACITRACIN OINT #1

Ord.Date 04/28/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 06/11/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 182791 — BETAMETHASONE VAL 0.1 % OINT #1

Ord.Date 04/28/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (2)Refills
Exp.Date 06/11/05 — APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**
Rx # 182792 — HYDROCORTISONE 1% CRM #1

Ord.Date 04/28/05 — MOSHIER, DONALD L — H. BEAM,MD
10924-052 — (3)Refills
Exp.Date 07/26/05 — TAKE 1 TABLESPOONFUL TWICE DAILY
Rx # 182793 — LACTULOSE 10GM/15ML ML #0

Ord.Date 04/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (3)Refills
Exp.Date 07/25/05 | **INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED**
Rx # 182764 | ALBUTEROL INH 90MCG 17GM | #1

Ord.Date 04/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (12)Refills
Exp.Date 07/25/05 | **TAKE ONE TABLET TWICE DAILY**
Rx # 182765 | RANITIDINE 150 MG TAB | #14

Ord.Date 04/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (2)Refills
Exp.Date 07/26/05 | **TAKE TWO TABLETS TWICE DAILY AS NEEDED**
Rx # 182766 | ACETAMINOPHEN 500 MG TAB | #28

Ord.Date 04/27/05 | MOSHIER, DONALD L | H. BEAM,MD 0600
10924-052 | (0)Refills
Exp.Date 04/29/05 | **TAKE TWO TABLETS TWICE DAILY FOR 3 DAYS AS NEEDED FOR PAIN** 1130
Rx # 600384 | APAP/CODEINE 300/30 MG UD | #12 1930

Ord.Date 04/29/05 | MOSHIER, DONALD L | H. BEAM,MD 0600
10924-052 | (0)Refills
Exp.Date 05/03/05 | **TAKE TWO TABLETS THREE TIMES DAILY FOR 5 DAYS** 1130
Rx # 600385 | APAP/CODEINE 300/30 MG UD | #30 1930

Ord.Date 05/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (3)Refills
Exp.Date 08/24/05 | **APPLY TO AFFECTED AREA TWO TIMES A DAY**
Rx # 184084 | BACITRACIN OINTMENT | #1

Ord.Date 05/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (3)Refills
Exp.Date 08/24/05 | **APPLY TO AFFECTED AREA TWO TIMES A DAY (30GM)**
Rx # 184085 | BETAMETHASONE VAL 0.1 % OINT | #2

Ord.Date 05/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (6)Refills
Exp.Date 08/24/05 | **TAKE TWO TABLETS TWICE DAILY AS NEEDED**
Rx # 184086 | ACETAMINOPHEN 500 MG TAB | #28

Ord.Date 05/27/05 | MOSHIER, DONALD L | H. BEAM,MD
10924-052 | (8)Refills
Exp.Date 08/24/05 | **TAKE 1 TABLESPOONFUL (15ML) TWICE DAILY AS DIRECTED**
Rx # 184087 | LACTULOSE 10GM/15ML ML | #1

[redacted]

BP-S619.060 **IMMUNIZATION RECORD** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TETANUS TOXOIDS

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION

TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
7-14-01		See	10	Form				OXO	
7/10/02	Aventis	C0942AB	3-16-04	(L)FA	0.1cc ID	FCI McKean [signature]	7/12/02	0X0mm	[signature]
2/8/03	Park.	0832P	9/03	(L)FA	0.1cc ID	[signature]	3-10-03	0X0	[signature]
6-29-04	Park.	00154P	8/05	LFA	0.1cc ID	MCK	7/1/04	Ø	[signature]
6-16-05	Parkedale	004N4P	8/06	LFA	0.1cc ID	Prince USP LEW	6/18/05	0x0mm	[signature]

000229

HEPATITIS VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
epA 1/13/04	Merck	0032N	9/20/05	(L) delt	1.0cc im	[illegible]	MCKeon
epA 7/13/04	Park	00154P	8/05	(L) delt	1.0cc im	[illegible]	McKeon
10-11-05	Aventis	U1772AA	6/06	L arm	1cc/IM	W. Bogler	USP LEW

INFLUENZA VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
10/26/04	Aventis	U1503AA	6/05	(L) Del	0.5 im	Lilly	MCKeon

OTHER (MMR, Polio, etc)

DATE	TYPE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION

Patient Identification
(Name, Reg #)

BP-E619.060
AUG 96

IMMUNIZATION RECORD

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TETANUS TOXOIDS

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider	Institution

TUBERCULIN TEST

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider/Institution	Date read	Results (MM)	Read by
5/23/02	PPD	0	~~~		7/14/01	BC.			

Patient Identification

NAME
MOSHIER JR. DONALD

Date Of Birth	Sex	Institution	Date Of Photo
8/18/1961	M	BRO	5/22/2002

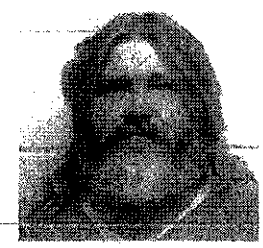
Height	Weight	Hair Color	Eye Color
601	260	BD	BL

Custody / QTR

Spec. Cond.

CCC / CSW

WRK



REGISTER NUMBER
10924-052

Name of Inmate: _____ ber _____

000231

MEDICAL RECORD — REPORT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME: Mosher Donald
2. IDENTIFICATION NUMBER: 10924-052
3. GRADE AND COMPONENT OR POSITION:
DATE OF EXAM: 6-12-02

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code): X NONE. I'll Be Going Here
5. EMERGENCY CONTACT (Name and address of contact): X Kevin Brown 453 Payne Marsh Rd Benkshire NY 13736 607 657 2472
6. DATE OF BIRTH: X 5/18/61
7. AGE: X 40
8. SEX: ☐ FEMALE ☑ MALE
9. RELATIONSHIP OF CONTACT: X Friend
10. PLACE OF BIRTH: X CAL
11. RACE: ☑ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER
12a. AGENCY: BoP DOJ
12b. ORGANIZATION UNIT: FCI McKean
13. TOTAL YEARS GOVERNMENT SERVICE: a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS: FCI McKean, P.O. Box 5000, Bradford, PA 16701
15. RATING OR SPECIALTY OF EXAMINER:
16. PURPOSE OF EXAMINATION: A+O

17. CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	A. HEAD, FACE, NECK AND SCALP	
✓	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	
✓	C. DRUMS (Perforation)	
✓	D. NOSE	
✓	E. SINUSES	
✓	F. MOUTH AND THROAT	
✓	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)	
✓	H. OPHTHALMOSCOPIC	
✓	I. PUPILS (Equality and reaction)	
✓	J. OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	K. LUNGS AND CHEST	
✓	L. HEART (Thrust, size, rhythm, sounds)	
✓	M. VASCULAR SYSTEM (Varicosities, etc.)	
✓	N. ABDOMEN AND VISCERA (Include hernia)	
✓	O. PROSTATE (Over 40 or clinically indicated)	
✓	P. TESTICULAR	
✓	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
	R. ENDOCRINE SYSTEM See below	
✓	S. G-U SYSTEM	
✓	T. UPPER EXTREMITIES (Strength, range of motion)	
✓	U. FEET	
✓	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	W. SPINE, OTHER MUSCULOSKELETAL	
	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS See below	
	Y. SKIN, LYMPHATICS See below	
✓	Z. NEUROLOGIC (Equilibrium tests under item 41)	
✓	AA. PSYCHIATRIC (Specify any personality deviation)	
n/a	BB. BREASTS	
n/a	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

* Fam. Hx diabetes
* Rap Chile 1998 - Scars - Puncture wounds
* Scars - on back from cystic acne
- Tattoos - (R) Arm, (L) Chest, (R) Lat. Leg
+ Skin - Hx cystic acne

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth: 0 (1 2 3 / 32 31 30)
Non-restorable teeth: / (1 2 3 / 32 31 30)
Missing Teeth: X (1 2 3 / 32 31 30)
Replaced by Dentures: X X X (1 2 3 / 32 31 30 / X X X)
Fixed Partial Dentures: X (1 2 3 / 32 31 30 / X)

RIGHT																LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES:

19. TEST RESULTS (Copies of results are preferred as attachments)

1. URINALYSIS: (1) SPECIFIC GRAVITY
2) URINE ALBUMIN (4) MICROSCOPIC
3) URINE SUGAR
4. SYPHILIS SEROLOGY (Specify test used and results) D. EKG E. BLOOD TYPE AND RH FACTOR
B. CHEST X-RAY OR PPD (Place, date, film number and result) 000232
F. OTHER TESTS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
6' 1"	286	Blond/grey	Blue	☐ SLENDER ☐ MEDIUM ☑ HEAVY ☐ OBESE	97.0

26. BLOOD PRESSURE *(Arm at heart level)*

A. SITTING	SYS.	B. RECUMBENT	SYS.	C. STANDING *(5 mins.)*	SYS.
	DIAS. 92		DIAS.		DIAS.

27. PULSE *(Arm at heart level)*

A. SITTING	B. RECUMBENT	C. STANDING *(3 mins.)*	D. AFTER EXERCISE	E. 2 MINS. AFTER
72				

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION	
RIGHT 20/ 15	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/ 15	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT WNL	LEFT WNL	WNL		CORRECTED
35. FIELD OF VISION		36. NIGHT VISION *(Test used and score)*	37. RED LENS TEST	38. INTRAOCULAR TENSION
RIGHT WNL	LEFT WNL			RIGHT LEFT

39. HEARING			40. AUDIOMETER								41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV	/15 SV	/15	RIGHT								
			LEFT								

42. NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

- ⊖ Known exposure to infec dis
- ⊖ H/O STD's
- ⊖ H/O IVDA
- + H/O methamphetamine use QD x 1 yr. 5/29/01

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

ECI WCKGSU

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE *(Check)*

A. ☑ IS QUALIFIED FOR General duty

B. ☐ IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN: Gracia Fairbanks — SIGNATURE: Gracia Fairbanks PA

49. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE: Gracia Fairbanks, MLP

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*: D. Olson, MD Clinical Director — SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE

STANDARD FORM 88 (Rev. 10-94) BACK

FPI. LEX. Printed on Recycled Paper

000233

MEDICAL RECORD — REPORT OF MEDICAL EXAMINATION

DATE OF EXAM: 5/23/02

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. IDENTIFICATION NUMBER	3. GRADE AND COMPONENT OR POSITION
Mosher Jr Donald	10924-052	Inmate

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)	5. EMERGENCY CONTACT (Name and address of contact)
453 - Paimount Rd Richford NY 13836	—

6. DATE OF BIRTH	7. AGE	8. SEX	9. RELATIONSHIP OF CONTACT
8/18/61	40yr	☐ FEMALE ☒ MALE	

10. PLACE OF BIRTH	11. RACE
CA.	☑ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE	
		a. MILITARY	b. CIVILIAN
BOP	H.S.		

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS	15. RATING OR SPECIALTY OF EXAMINER
MD @ Brooklyn	
	16. PURPOSE OF EXAMINATION: A&O Physical

17. CLINICIAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	A. HEAD, FACE, NECK AND SCALP	
✓	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	
✓	C. DRUMS (Perforation)	
✓	D. NOSE	
✓	E. SINUSES	
✓	F. MOUTH AND THROAT	
✓	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)	
✓	H. OPHTHALMOSCOPIC	
✓	I. PUPILS (Equality and reaction)	
✓	J. OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	K. LUNGS AND CHEST	
✓	L. HEART (Thrust, size, rhythm, sounds)	
✓	M. VASCULAR SYSTEM (Varicosities, etc.)	
	N. ABDOMEN AND VISCERA (Include hernia)	✓

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	O. PROSTATE (Over 40 or clinically indicated) refused DRE	
✓	P. TESTICULAR	
✓	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
✓	R. ENDOCRINE SYSTEM	
✓	S. G-U SYSTEM	
✓	T. UPPER EXTREMITIES (Strength, range of motion)	
✓	U. FEET	
✓	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	W. SPINE, OTHER MUSCULOSKELETAL	✓
	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS (Rt arm chest 6.4)	
✓	Y. SKIN, LYMPHATICS	
✓	Z. NEUROLOGIC (Equilibrium tests under item 41)	
✓	AA. PSYCHIATRIC (Specify any personality deviation)	
	BB. BREASTS	
	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			0		/											LEFT
															X	

Restorable Teeth: 1 2 3 / 32 31 30 = 0 0
Non-restorable teeth: 1 2 3 / 32 31 30 = / /
Missing Teeth: 1 2 3 / 32 31 30 = X X
Replaced by Dentures: X X X / 1 2 3 / 32 31 30 = X X X
Fixed Partial Dentures: X / 1 2 3 / 32 31 30 = X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)
(2) URINE ALBUMIN	(4) MICROSCOPIC	
(3) URINE SUGAR		
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG / E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

000234

NSN 7540-00-634-4038
88-126

STANDARD FORM 88 (Rev. 10-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

NAME | IDENTIFICATION NUMBER | NO. OF SHEETS ATTACHED

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
6' 1"	291 lb	C		☐ SLENDER ☐ MEDIUM ☑ HEAVY ☐ OBESE	98.4°

26. BLOOD PRESSURE *(Arm at heart level)*

	A. SITTING	B. RECUMBENT	C. STANDING (5 mins.)
SYS.	124		
DIAS.	80		

27. PULSE *(Arm at heart level)*

A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
68				

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT	Ishihara Normal Color Perception		CORRECTED
35. FIELD OF VISION		**36. NIGHT VISION** *(Test used and score)*	**37. RED LENS TEST**	**38. INTRAOCULAR TENSION**
RIGHT	LEFT			RIGHT LEFT

39. HEARING

RIGHT WV /15 ~~SV~~ /15

LEFT ~~Abnormal~~ Conversation ~~15 SV~~ /15

40. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT								
LEFT								

41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*

42. NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

⊕ Hospitalization @ Cayuga Medical Center Ithaca NY
⊕ Drug
⊖ Syphilis
⊖ Asth
⊖ Suicidal Ideation Attempt

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

H/O Fx nasal bone assault
H/O Appendectomy.
CH LBP 2° MVA

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE *(Check)*

A. ☑ IS QUALIFIED FOR Regular duty

B. ☐ IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

48. TYPED OR PRINTED NAME OF PHYSICIAN: ARUN VOHRA — SIGNATURE: AV

49. TYPED OR PRINTED NAME OF PHYSICIAN: R. BEAUDOUIN, MD MDC-BRO — SIGNATURE: R Beaudouin MD 05/23/02

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)* — SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE

U.S. Department of Justice

Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
Mosher JR, Donald LeRoy	10924-052

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
intake	6/6/02	McKean

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever		X		Adverse reaction to serum drug		X		Epilepsy or fits
	X		Rheumatic fever		X		or medicine		X		Car, train, sea or air sickness
	X		Swollen or painful joints	X	NO		Broken bones		X		Frequent trouble sleeping
	X		Frequent or severe headache		X		Tumor, growth, cyst, cancer		X		Depression or excessive worry
	X		Dizziness or fainting spells		X		Rupture/hernia		X		Loss of memory or amnesia
	X		Eye trouble		X		Piles or rectal disease		X		Nervous trouble of any sort
	X		Ear, nose, or throat trouble		X		Frequent or painful urination		X		Periods of unconsciousness
	X		Hearing loss		X		Bed wetting since age 12		X		Have you ever had
	X		Chronic or frequent colds		X		Kidney stone or blood in urine				homosexual contact?
	X		Severe tooth or gum trouble		X		Sugar or albumin in urine		X		Been exposed to AIDS
	X		Sinusitis		X		VD—Syphilis, gonorrhea, etc.	X			Alcohol Use (Excessive)
	X		Hay Fever		X		Recent gain or loss of weight	X			Drug Use/Addiction
	X		Head injury		X		Arthritis, Rheumatism, or Bursitis	X			Marijuana
	X		Skin diseases		X		Bone, joint or other deformity	X			Cocaine
	X		Thyroid trouble		X		Lameness		X		Heroin
	X		Tuberculosis		X		Loss of finger or toe		X		L.S.D.
	X		Asthma		X		Painful or "Trick"shoulder or elbow	X			Amphetamines
	X		Shortness of breath		X		Recurrent back pain		X		Others: (Specify)
	X		Pain or pressure in chest		X		"Trick" or locked knee		X		
	X		Chronic cough		X		Foot trouble		X		Alcohol or drug
	X		Palpitation or pounding heart		X		Neuritis		X		Withdrawal Problems
	X		Heart trouble		X		Paralysis (include infantile)				
	X		High or low blood pressure								
	X		Cramps in your legs					10. FEMALES ONLY HAVE YOU EVER			
X			Frequent indigestion								Been treated for a female disorder
	X		Stomach, liver, or intestinal trouble								Had a change in menstrual pattern
	X		Gall bladder trouble or gallstones								ARE YOU PREGNANT
	X		Jaundice or hepatitis								SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

Mechanic, Construction Worker

12. ARE YOU (Check one) [X] Right handed [ ] Left handed

000236

BP-360(60)

CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	X	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		X	18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	X	B. Inability to perform certain motions.		X	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	X	C. Inability to assume certain positions.		X	
	X	D. Other medical reasons *(If yes, give reasons.)*		X	20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
	X	14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*		X	21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
	X	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		X	
X	X	16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*		X	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*
X	X	17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE: Donald L Moshier SR

SIGNATURE: Donald L Moshier SR

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ____ TRANSFER ✓ P.V. ____

OTHER ____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? NO

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ✓

WHAT ARRANGEMENTS HAVE BEEN MADE? ____

DUTY STATUS: TEMPORARY WORK ✓ RESTRICTED ____

GENERAL POPULATION ____ YES ____ NO ____

TYPE AND EXTENT OF LIMITATION none

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

(-) H/I C

(-) Hep

(-) TB

UKDA

000237

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
Montgomery	6/6/02		

REVERSE

Department of Justice

ral Bureau Of Prisons

MEDICAL HISTOI REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

AST NAME—FIRST NA

MOSHIER JR

URPOSE OF EXAMINA

STATEMENT OF EXAM

NAME
MOSHIER JR. DONALD

Date Of Birth	Sex	Institution	Date Of Photo
8/18/1961	M	BRO	5/22/2002

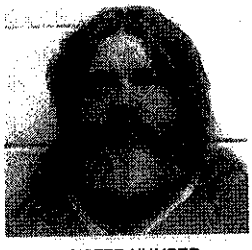
Height	Weight	Hair Color	Eye Color
601	260	BD	BL

Custody / QTR

Spec. Cond

CCC / CSW

WRK



REGISTER NUMBER
10924-052

UMBER

FACILITY

by description of past history, if complaint ises)

HAVE YOU EVER *(Please check each item)*

S	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
✓	X	Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

S	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever		✓		Adverse reaction to serum drug
	X		Rheumatic fever		✓		or medicine
	X		Swollen or painful joints	✓			Broken bones
	X		Frequent or severe headache		✓		Tumor, growth, cyst, cancer
	X		Dizziness or fainting spells		✓		Rupture/hernia
	X		Eye trouble		✓		Piles or rectal disease
	X		Ear, nose, or throat trouble		✓		Frequent or painful urination
	X		Hearing loss		✓		Bed wetting since age 12
	X		Chronic or frequent colds		✓		Kidney stone or blood in urine
	X		Severe tooth or gum trouble		✓		Sugar or albumin in urine
	X		Sinusitis		✓		VD—Syphilis, gonorrhea, etc.
	X		Hay Fever		✓		Recent gain or loss of weight
	X		Head injury		✓		Arthritis, Rheumatism, or Bursitis
	X		Skin diseases		✓		Bone, joint or other deformity
	X		Thyroid trouble		✓		Lameness
	X		Tuberculosis		✓		Loss of finger or toe
	X		Asthma		✓		Painful or "Trick"shoulder or elbow
	X		Shortness of breath	✓			Recurrent back pain
	X		Pain or pressure in chest		✓		"Trick" or locked knee
	X		Chronic cough		✓		Foot trouble
	X		Palpitation or pounding heart		✓		Neuritis
	X		Heart trouble				Paralysis (include infantile)
	X		High or low blood pressure				
	X		Cramps in your legs				
	X		Frequent indigestion				
	X		Stomach, liver, or intestinal trouble				
	X		Gall bladder trouble or gallstones				
	X		Jaundice or hepatitis				

YES	NO	DON'T KNOW	(Check each item)
	X		Epilepsy or fits
	X		Car, train, sea or air sickne
X			Frequent trouble sleeping
	X		Depression or excessive wo
	X		Loss of memory or amnesi
	X		Nervous trouble of any sor
	X		Periods of unconsciousness
	X		Have you ever had homosexual contact?
	X		Been exposed to AIDS
	X		Alcohol Use (Excessive)
	X		Drug Use/Addiction X
✓	X		Marijuana X
✓	X		Cocaine X
	X		Heroin
	X		L.S.D.
	X		Amphetamines X
X			Others: (Specify)
	X		
	X		Alcohol or drug Withdrawal Problems
	X		

10. FEMALES ONLY HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern
			ARE YOU PREGNANT
			SUSPECT YOU ARE PRE NANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)
[X] Right handed [ ] Left handed

000238

CHECK EACH ITEM YES OR NO E[...]Y ITEM CHECKED YES MUST BE FULLY EXPLAIN[...]N BLANK SPACE BELOW

YES	NO		YES	NO	
	X	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		X	18. Have you ever had any illness or injury other than tho[se] already noted? *(If yes, specify when, where, and give details.)*
	X	B. Inability to perform certain motions.		X	19. Have you consulted or been treated by clinics, physici[ans], healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	X	C. Inability to assume certain positions.			
	X	D. Other medical reasons *(If yes, give reasons.)*		X	20. Have you ever been rejected for military service becau[se] of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
	X	14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
	X	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		X	21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than [h]onorable, for unfitness or unsuitability.)*
	X	16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
	X	17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*		X	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE Donald C Mospin Sr

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ____ TRANSFER ✓ P.V. ______

OTHER ______

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED. HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? ______

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ✓

WHAT ARRANGEMENTS HAVE BEEN MADE? ______

DUTY STATUS: TEMPORARY WORK ____ RESTRICTED No F/S

GENERAL POPULATION ✓ YES ____ NO ____

TYPE AND EXTENT OF LIMITATION ______

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

(+) IVDU — Fx nose 2° to assault May 2002.
(−) epilepsy — Substance abuse
(−) TB Ch LBP 2° MVA-[illegible]
(−) Suicidal Ideation/Attempt
(−) Psychiatric Hospitalization
(−) Aids

000239

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
ARUN VARMA	5/23/02	[signature]	

REVERSE

lew

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP LEW	6-16-05	1410

Inmate's Name	Register Number
Mosher, Donald	10924-052

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
B Prince	6-16-05	1453

Medical Staff Title
Beverly Prince, EMT
Paramedic
USP Lewisburg

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000240

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
McKean	4-10-03	1130

Inmate's Name	Register Number
Mosher, Donald	10924-052

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☐ yes; ☑ no (Explain)
Writ (A.M.)

2. General Population Housing Approved? ☑ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☑ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)
n/a

5. Disabilities? ☐ yes ☑ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
	4-10-03	1400

Medical Staff Title
PA-C

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

BP-S354.060 **INTAKE SCREENI DICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
McKean	6-6-02	0830

Inmate's Name	Register Number
Mosher, Donald	10924-052

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

n/a

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
	6-6-02	1200

Medical Staff Title RHSA

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000242

BP-S354.060 INTAKE SCREENI. . (MEDICAL) CDFRM
NOV 94
U.S. DEPARTMENT OF JUS. ICE FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP LEWISBURG Health Services Unit Lewisburg, PA 17837	6-5-02	1120

Inmate's Name	Register Number
Moshier, Donald	10924-052

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ■ yes; ☐ no (Explain)

2. General Population Housing Approved? ■ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ■ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ■ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ■ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
DP	6-5-02	1159

Medical Staff Title: D. McClintock, NREMT-P
Paramedic
USP Lewisburg

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000243

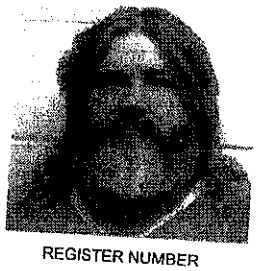
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

MEDICAL STAFF SHALLER JR. DONALD

Institution	Date Of Birth	Sex	Institution	Date Of Photo
MDC Brc	8/18/1961	M	BRO	5/22/2002

Name of Inmate	Height	Weight	Hair Color	Eye Color
	601	260	BD	BL

Custody / QTR | Spec. Cond | CCC / CSW | WRK



REGISTER NUMBER
10924-052

INSTITUTION

Time of Arrival

MEDICAL CLEARANCE

BP-149 (60) reviewed? ☒ Yes ☐ No	Explain
General Population Housing Approved? ☒ Yes ☐ No	Specify limitation or need
Approved for Temporary Work Assignment? ☒ Yes ☐ No	Specify limitation or exclusion: NO F/S.
For Holdovers: OK for Continued Transportation? ☒ Yes ☐ No	Explain
Disabilities? ☒ Yes ☐ No	If yes, enter code(s) into MDS)

Remarks: Lice
Suicidal Ideation/Hyg

Medical Staff Signature: ARUN VERMA

Medical Staff Title

Date: 5/23/02

Time: 14:15

Record Copy - Inmate Central File; Copy - File

000244

Replaces BP-354(60) of APRIL 90 and BP-S354 of AUG 94

MEDICAL RECORDS	CONSULTATION SHEE	
TO: SURGICAL CLINIC (FCIN)	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ J. GERAGI PA/C	DATE OF REQUEST 5/2/06

Chief Complaint: S/P LIPOMA ~~RESECTION~~ EXCISION 3/23/06 - HAS INCISION SITE PACKED & IODOFORM GAUZE - ADVANCED 1" QOD - F/U AS PER DR MOTO NOTE 4/19/06
History of Present Illness: AS ABOVE
Significant Diagnostic Studies Done:
Summary of Prior Treatment for Present Condition:
Effect condition has on Patient's Ability to Function in Correctional Environment:
Current Medications: NAPROXEN PRN
Drug Allergies: NKDA
Other Significant Medical Condition:
Primary Impression/Procedure Requested at this Time: S/P LIPOMA EXCISION F/U

DOCTOR'S SIGNATURE: ANTHONY BUSSANICH ,MD	APPROVAL DATE	TO BE SEEN NO LATER THAN: 05/2006

CONSULTANT SECTION

SIGNIFICANT FINDINGS: WOUND CLOSED

DIAGNOSIS: S/P LIPOMA EXCISION WOUND CLOSED

TREATMENT: **(Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)**

NA

Follow Up #1: **(Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)**

PRN

SIGNATURE AND TITLE OF PROVIDER	DATE 5/26/06

DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL:

PATIENT'S IDENTIFICATION:

MOSHIER, DONALD
10924-052

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

000245

513

MEDICAL RECORDS	CONSULTATION SHEET	
TO: SURGICAL CLINIC- INSIDE	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 3-23-2006

Chief Complaint: THIS PATIENT WAS SEEN BY DR. MOTTO IN THE OR ON 3-23-2006, WHEN HE HAD A 4 CM X 4 CM LIPOMA LOCATED IN THE LUQ EXCISED. F/U IN THE APRIL SURGICAL CLINIC WAS REQUESTED.
History of Present Illness: *AS ABOVE*
Significant Physical Examination Findings:
Significant Diagnostic Studies Done:
Summary of Prior Treatment for Present Condition:
Effect condition has on Patient's Ability to Function in Correctional Environment:
Current Medications: NAPROXEN PRN
Drug Allergies: NKDA
Other Significant Medical Condition:.
Primary Impression/Procedure recommended at this time: S/P ABDOMINAL LIPOMA, PLEASE PROVIDE F/U

DOCTOR'S SIGNATURE: B. Becker, M.D USP Lewisburg B. Becker 3/24/06	APPROVAL DATE	TO BE SEEN NO LATER THAN: APRIL 2006

CONSULTANT SECTION

SIGNIFICANT FINDINGS:

S/P Lipoma Excision.

DIAGNOSIS:

TREATMENT: **(Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)**

Irrigate Packed & Iodoform Gauze

Follow Up #1: **(Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)**

Remove 1-2" of Packing QOD
+ Dress Wound.
Clean & Q-Tip + H2O2
RTC next Surgery Clinic
DN 11/25/12

SIGNATURE AND TITLE OF PROVIDER	DATE 4/19

DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL:

PATIENT'S IDENTIFICATION:

MOSHIER, DONALD 10924-052

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

000246

3/28

MEDICAL RECORDS	CONSULTATION SHEET	
TO: DR. MOTTO- OUTSIDE	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 11-18-2005

Chief Complaint: THIS PATIENT WAS SEEN BY YOU IN CLINIC ON 11-18-2005, WHEN HE WAS NOTED TO HAVE A 4X4 CM LIPOMA IN THE LUQ. YOU RECOMMENDED EXCISION OF THE LESION UNDER LOCAL ANESTHESIA AT THE SURGICENTER.
History of Present Illness: ***AS ABOVE***
Significant Physical Examination Findings:
Significant Diagnostic Studies Done:
Summary of Prior Treatment for Present Condition:
Effect condition has on Patient's Ability to Function in Correctional Environment:
Current Medications: ALBUTEROL INHALER, NAPROXEN
Drug Allergies: NKDA
Other Significant Medical Condition: HEP C +, GERD, ASTHMA
Primary Impression/Procedure Requested at this Time: LIPOMA LUQ, PLEASE EXCISE.

D APRIL 2006

DOCTOR'S SIGNATURE: 11-23-05 B. Bussanich (B B Bussanich MD)	APPROVAL DATE	TO BE SEEN NO LATER THAN: ~~FEBRUARY 2006~~ APRIL 2006

CONSULTANT SECTION

SIGNIFICANT FINDINGS:

DIAGNOSIS:

TREATMENT: **(Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)**

Follow Up #1: **(Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)**

SIGNATURE AND TITLE OF PROVIDER B. Bussanich PA USP Lewisburg	DATE

DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL: 000247

PATIENT'S IDENTIFICATION:

MOSHIER, DONALD 10924-052

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

TN 11/25/12

PERSON PROFILE PAGE: 1

DATE PRINTED: 03/07/2006 PERSON: MOSHIER, DONALD L PERSON ID#: 10924-052

USP LEWISBURG A01-105U

USP LEWISBURG

LEWISBURG, PA 17837

LAST FILL	RX NUM	RF	PH.	DOCTOR NAME	QUANTITY	COST	ADM DATE
DRUG NAME	NDC	DAYS		REFILL DUE			
03/03/2006	178718	5	HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	03/03/2006
NAPROXEN 500 MG TABLET 500 MG	11819-0277-20	8					
02/21/2006	178717	3	HXC	BUSSANICH, ANTHONY	30.0000EA	0.95	02/23/2006
RANITIDINE 150 MG TAB	00781-1883-60	15					
02/21/2006	178718	4	HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	02/21/2006
NAPROXEN 500 MG TABLET 500 MG	11819-0277-20	8					
02/21/2006	178716	2	HXC	PEORIA, MARK	1.0000EA	0.01	02/22/2006
ALBUTEROL 17 GM MDI	00172-4390-18	30					
02/08/2006	178718	3	HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	02/08/2006
NAPROXEN 500 MG TABLET 500 MG	11819-0277-20	8					
02/08/2006	178717	2	HXC	BUSSANICH, ANTHONY	30.0000EA	0.95	02/08/2006
RANITIDINE 150 MG TAB	00781-1883-60	15					
01/30/2006	178718	2	HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	01/30/2006
NAPROXEN 500 MG TABLET 500 MG	11819-0277-20	8					
01/23/2006	178716	1	HXC	PEORIA, MARK	1.0000EA	0.01	01/23/2006
ALBUTEROL 17 GM MDI	00172-4390-18	30					
01/17/2006	178718	1	HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	01/17/2006
NAPROXEN 500 MG TABLET 500 MG	11819-0277-20	8					
01/17/2006	178717	1	HXC	BUSSANICH, ANTHONY	30.0000EA	0.95	01/17/2006
RANITIDINE 150 MG TAB	00781-1883-60	15					
01/12/2006	178718	0	HXC	BUSSANICH, ANTHONY	0.0000EA	0.00	01/12/2006
NAPROXEN 500 MG TABLET 500 MG	11819-0277-20	0					
01/12/2006	178717	0	HXC	BUSSANICH, ANTHONY	0.0000EA	0.00	01/12/2006
RANITIDINE 150 MG TAB	00781-1883-60	0					
01/12/2006	178716	0	HXC	PEORIA, MARK	0.0000EA	0.00	01/12/2006
ALBUTEROL 17 GM MDI	00172-4390-18	0					

Totals: 13 1002.87

5146583-O SDS
DONALD NOSHIER
USNEP LEWISBURG, PA 17837
NOTTO,NO CHRISTOPHER
NOTTO,NO CHRISTOPHER
44 [illegible] 252325 1

EVANGELICAL
COMMUNITY HOSPITAL
One Hospital Drive, Lewisburg, PA 17837
570.522.2000 FAX: 570.522.2745

MEDICAL / SURGICAL DISCHARGE INSTRUCTION SHEET

✓ 1. Diet: Regular
___ 2. Activity restrictions
- ☒ Simple household chores that do not cause discomfort.
- ☐ Lift only things that require one hand, to avoid straining.
- ☐ Lift items weighing up to 10 lbs. the first week and add 5-10 lbs. each week.
- ☐ May use stairs carefully or with assistance.
- ☐ May resume driving _____.
- ☐ Other _____

✓ 3. May take tub bath or shower.
___ 4. Wash incision every day with soap and water.
a. Dressing Instructions: ☐ Not Necessary. ☐ Remove in _____ days.
☐ _____
b. If your incision becomes sore, red or draining, take your temperature and call physician.
___ 5. Remove ace bandage or elastic stockings for bathing. Elevate leg before reapplying.
___ 6. May resume sexual intercourse in _____ days _____ weeks.
___ 7. Return visit: To schedule an appointment _____
Call Next Surgery Clinic at _____ for appointment in _____ wks. / days.
Call _____ at _____ for appointment in _____ wks. / days.
Call _____ at _____ for appointment in _____ wks. / days.
___ 8. Employment: Expect to return to work in _____ days _____ weeks.
___ 9. Medications: ☐ Get prescriptions filled. ☐ None.

a. Tylenol as needed
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

Other Instructions: _____

B. Becker, M.D.
USP Lewisburg

Home Health Services Referral: ☐ Yes ☐ No Agency: _____
Hospital Adm. Date _____ Home Phone #: _____ Date Service Requested: _____
Diagnosis: _____
Surgical Procedures: _____
Home Services Needed: ☐ Physical Therapy ☐ Medical Social Work ☐ Speech Therapy
☐ Skilled Nursing ☐ Occupational Therapy ☐ Home Health Aide
Physician's Instructions: _____

000249

In case of emergency, please call _____ or 522-2000.
Donald Noshier _____ 3-23-06